



Kentucky Transportation Cabinet
Division of Motor Carriers
KENTUCKY IDBUS/SUBUS/CCBUS/CIBUS AUTHORITY
RENEWAL

TC 95-603
09/2012

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007
Phone (502) 564-1257 Fax (502) 564-4138 8:00 am – 4:30 pm EST
Walk-ins 8:00 am – 4:00 pm
<http://transportation.ky.gov/Motor-Carriers>

Business name and address:

For Year: _____

Company #: P

Certificate #: _____

ALL PASSENGER BUS AUTHORITIES REQUIRE A CERTIFICATE RENEWAL FEE AND A PER VEHICLE FEE.
THE AUTHORITY MUST BE RENEWED BEFORE JANUARY 1 OF EACH CALENDAR YEAR.

FEE CALCULATION:

| | | | | |
|-------------------------------------------------|-------|------------|------|-------|
| A. Number of vehicles 17 passengers or greater: | _____ | x \$100.00 | = \$ | _____ |
| B. Number of vehicles 16 passengers or less: | _____ | x \$15.00 | = \$ | _____ |
| C. Number of vehicles with Official Plates: | _____ | x \$15.00 | = \$ | _____ |
| D. Certificate renewal fee: | | | + \$ | 25.00 |
| E. Prepaid balance credit: | | | - \$ | _____ |
| Total | | | = \$ | _____ |

Please make all fees payable to "Kentucky State Treasurer".

Signature required from the legal name listed on the authority if the company is a sole proprietorship. If a Corporation, Partnership or Limited Liability Company, the signature of an officer or registered agent listed with the Kentucky Secretary of State is required.

Phone: _____

Print Name: _____ E-mail: _____

Signature: _____ Date: _____

(This application shall be notarized)

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires

Office Use Only
Account codes:

39 Plate Fee \$

41 Certificate fee \$

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622